1	2	3	4	5
Hypertensive Disorder	5%	4%	13%	6%
Obstructed Labour	5%	5%	9%	4%
Abortion	8%	10%	4%	3%
Other Conditions	34%	33%	26%	37%

SOURCE: RGI (SRS), 2006

Statement-II

Maternal Mortality Ratios/100,000 live births

MMR in Developed Countries	MMR	MMR in Developing Countries	MMR
Ireland	1	Niger	1800
Denmark	3	Afghanistan	1800
Australia	4	Nigeria	1100
Germany	4	Nepal	830
Japan	6	Bangladesh	570
France	8	India	450
United Kingdom	8	Pakistan	320
New-Zealand	9	Srilanka	58
USA	11	China	45
Austria	4	Angola	1400
Canada	7	Bhutan	440
Denmark	3	Cameroon	1000
Finland	7	Cambodia	540
Greece	3	Congo	740
Hungary	6	Kenya	560
Iceland	4	Papua New Guinea	470

SOURCE: Maternal Mortality in 2005 - Estimates developed by WHO, UNICEF, UNFPA and the World Bank.

Review of NRHM

†611. SHRI SHIVANAND TIWARI:
DR. MURLI MANOHAR JOSHI:
Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has recently reviewed the National Rural Health Mission (NRHM);

†Original notice of the question was received in Hindi.

(b) if so, whether certain deficiencies have been' found in implementation of the scheme during the review;

(c) if so, the details thereof; and

(d) the steps taken by Government to remove such deficiencies?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Yes, The National Rural Health Mission (NRHM) is an overarching umbrella initiative for establishing a functional, community owned, decentralized health delivery system with inter sector convergence at all levels.

The Government undertakes periodic reviews of National Rural Health Mission (NRHM). These reviews are part of the detailed self contained multifaceted monitoring framework built within NRHM. The progress of NRHM is also reviewed as part of the process of approval of Annual Programme Implementation Plans (PIP) of the States which is currently underway.

The 2nd Common Review Mission of NRHM has recently been completed. The Review Mission is a detailed month long process involving desk analysis as well as field visits to selected States. During the 2nd CRM, thirteen representative States were; covered and findings have been compiled into reports which were shared with State Governments concerned for remedial action. The dissemination of the findings as well as remedial actions proposed by the States has been recently conducted at a National level workshop. The CRM has provided critical insights into innovations being undertaken in the States and bottlenecks of Human Resources, Infrastructure, procurement and supply etc. being faced by them. The Government is assisting the States with additional funding as well as technical inputs to overcome these bottlenecks. The experience sharing amongst States which takes place during the periodic reviews has allowed States to take up innovative, State specific solutions to the deficiencies.

Access to medical facilities

†612. SHRI RAJ MOHINDER SINGH MAJITHA:
SHRI RAM JETHMALANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that only 45 per cent rural population of the country is having access to medical facilities;

(b) if not, the actual position thereof and the share of Government and private sectors in medical facilities available there; and

(c) the assessment of progress made in extension of medical facilities by Government and private sectors in the country especially in the rural areas during last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir. The primary health care services are being provided in the rural areas across the nation through a total network of 171687 Sub Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) for a total of 638588 villages as on

†Original notice of the question was received in Hindi.